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s it displays a valid OMB control number.

Application or Docket Number

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		CLAIMS /	ımn 2)	SMA	LL EN		00	OTHER TH			
FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		TE	FEE		RATE	FEE
(37 (SIC FEE CFR 1.16(a))							s	OR		3697
(37 0	AL CLAIMS CFR 1.16(c))		12 minus	20 = *	* 0		_=		OR	x S =	
	EPENDENT CLA EFR 1.16(bi)	IMS		s 3 = * \(\)	* 0		_=		OR	x=	
MU	LTIPLE DEPENI		+	+=			+=				
* If the	difference in colum		τοτ	TAL [OR	TOTAL	690			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							YTTTY	OR	OTHER TI	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE	OR	RATE	ADD TIONA FEE
NDN	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=	_=			x S =	
ME	Independent (37 CFR 1.16(b))	*	Minus	本本本	=	x _	=		OR	x =	
▼	FIRST PRES	ENTATION OF M	ULTIPLE DEP	ENDENT CLAIM	(37 CFR 1.16(d))		=		OR OR		
-	(Column 1) (Column 2) (Column 3)						TAL FEE		OR	TOTAL DDIT. FEE	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		TE	ADDI- TIONAL FEE		RATE	ADD TION FEE
E S	Total (37 CFR 1.16(c))	;# x	Minus	**	=	x \$_	=		OR	x \$=	
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AM	FIRST PRES	(37 CFR 1.16(d))	+_	=		OR	+=				
	(Column 1) (Column 2) (Column 3)								OR	TOTAL ADDIT, FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADI TION FE
NON	Total (37 CFR 1.16(e))	*	Minus	**	=	x \$_	=		OR	x S=	
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Y	FIRST PRE	SENTATION OF N	NULTIPLE DE	PENDENT CLAIM	(37 CFR 1.16(d))	 -	=		OR		-
	° If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	TOTAL ADDIT. FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

669879

Claims as filed - Part I									LENTITY		OTHER	MAKIT
(Column 1) (Column 2)										OR	SMALL	
FC	DR		NUMBER FILED			NUMBER EXTRA			FEE	7	RATE	FEE
ВА	SIC FEE								345.00	OR		690.00
TOTAL CLAIMS 12 minus 20= * /							·	X\$ 9=		OR	X\$18=	1
INDEPENDENT CLAIMS 2 minus 3 = *								X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
Claims as amended - Part II										_] •	OTHER	MANT
			umn 1)		SMAL	L ENTITY	OR	SMALL	ALILNE			
AMENDMENT A	0, 50	REM Af	AIMS AINING TER IDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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_	17 - 2000		umn 1) AIMS	Terrore and the	(Colur		(Column 3)					
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	+260=	
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	-01		umn 1)		(Colur		(Column 3)	•			. 6	
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AME	Independent	*	NI OE MI	Minus	***	CL AIAA	=	X39=		OR	X78=	
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**	If the "Highest Nu If the "Highest Nu	mber Pro	eviously Pa	aid For" IN THI aid For" IN THI	S SPACE I	s less tha s less tha	n 20, enter "20." n 3, enter "3."	ADDIT. FEI	<u> </u>		TOTAL ADDIT. FEE	
	The "Highest Num	nber Pre	iously Pa	id For" (Total or	r Independe	ent) is the	highest numbe	r found in the a	ppropriate bo	x in col	lumn 1.	